UNITED STATES DISTRICT COURT 2020 MAR 12 PM 4: 37

YVONNE PROST	
Write the full name of each plaintiff.	(Include case number if one has bee assigned)
-against- WORLD TRADE CENTER N-Y-P-D	COMPLAINT Do you want a jury trial? ☐ Yes ☐ No
CITY OF NEW YORK (HAR)	

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
Abuse of Power
Different TREATMENT
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff ,, is a citizen of the State of
The plaintiff ,, is a citizen of the State of (Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff

If the defendant is an individ	lual:	
The defendant, (Defendar	nt's name)	, is a citizen of the State of
or, if not lawfully admitted subject of the foreign state	-	ce in the United States, a citizen or
If the defendant is a corpora	ation:	·
The defendant,		, is incorporated under the laws of
the State of		
and has its principal place	of business in the State	of
or is incorporated under th	e laws of (foreign state)	
	s named in the complaint	, attach additional pages providing
II. PARTIES		
A. Plaintiff Information		
Provide the following information pages if needed.	ation for each plaintiff n	amed in the complaint. Attach additional
YONNE		7nos7
First Name		Last Name
40 ANN STR	EET	
Street Address		
Wew York	NY	10038
County, City	State	Zip Code
	Yuon	ne. Inost 18 abl. com
Telephone Number		ddress (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	WORLD	TRADE	CENTER		
	First Name	La	st Name		
	Current Job Title (or other identifying information)				
	Current Work Addre	Current Work Address (or other address where defendant may be served)			
	NEW YORK		NY	1000	07
	County, City		State	Zip Cod	ie
Defendant 2:	CITY of	NEW	York est Name	(HNA)	
	First Name	La	st Name	•	
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				erved)
	NEW YOR	ek -	NY	10	007
	County, City	M. El (1)	State	Zip Cod	de
Defendant 3:	No Yo G	P. D			
	First Name		ist Name		
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	NEW YORK		NY	10	vo7
	County, City		State	Zip Cod	de

Defendant 4:

	First Name	Last Name	
	Current Job Title (o	r other identifying information	on)
	Current Work Addr	ess (or other address where	defendant may be served)
	County, City	State	Zip Code
III. STATEMEN	NT OF CLAIM		
Place(s) of occurre	ence:	New York Cit	y
Date(s) of occurre	ence:	3/12/20	
FACTS:		,	
•	it each defendant pe	port your case. Describe wh ersonally did or failed to do	nat happened, how you were that harmed you. Attach
The de	rfendards an	a constantly w	eaving me out
ercountain	The for we	usting my time	er I could spend
precions to	me doing	Gomething mo	re voctuable Chan
After	I left h	ere some timo	a little later
I was 34	anding by	a turnstyle :	to get a swipe
in from o	n departir	ig cuttomen.	Twas in the Side It was on theft incident
Tuton Con The 45 li	ne upper	re aoun-zour	theff incident
1911.004412			
_ A rea	d flag was	raised when a	customer who
gave me	a Swipe	in decided to	hang around and
have a i	ong Godly	conversation	hang around and

Surveillance would show I did not fetch my trokey east
from the outside.
After sometime the man made his move by placing
his hand of thele on my court. At that moneyet he
Hope one of the twing. I heard via vision after "one
Her sometime the man made his move by placing his hand of theft on my cart. At that moneut he store one of the twing. I heard via vision after "one of the twin died."
of the twin died. After I took the cast from the man's grip he pointed for me to come back to the turnstyle to finish conversating.
he pointed for me to come book to the turnstake
to hintely constant fina.
his monitoring our source outhors suc delendants
to binish conversating. By monitoring my travel outlets the defendants. INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical
treatment, if any, you required and received.
Rosa I Bullos Black Martil Souge Hood as
Vain and Suffering. Shock- Mental Bress. Headaches.
Emetional and psychological distress. 3 wolker anklus.
Fatigue. Decreasing vision heaving, memory.
Immobilization, Block paths, Discomfort in class.
IV. RELIEF
State briefly what money damages or other relief you want the court to order.
I would clike to ask the court to order
the defendants restore all they have Swindled back to me and compensate me for wrongful
back to me and compensate me for wronged
action, pain and suffering.

FACT 2

are plotting around it. This was the exact thing done here after montoring my outlets. I heard a two way conversation by phone in process. One person said to the other You know Futton is the place for the holidays." This was after giving/saying there "What you up too greeting and I know what am doing! The man continued his phone conversation by saying The man had very dirty hands. I went over to the oculus and had hurriedly leave after noticing mutiple acts of theft by phone all around me of few of those were reary. Hout 2:10pm after coming up from behind me book at the store employees act who then got on the escalator from upper balcong.

An NYPO officer came after me with revenue.

I heard him say It was his friend who was taken away - don't tell him nothing. This officer came from behind me. I know he took 104 of money with his device. I saw 30 meone was showing him the kest way to get the most money on how to pinacially operate it better. It was at the Oculus and the time about 2:00pm.

This drama would only come to an end on clear up when I am in my house. Presently is free for all.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

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03/12/20		HVORNE	Nost
Dated		Plaintiff's Signa	ature
YvonnE		Frost	
First Name	Middle Initial	Last Name	
40 ANN STR	227		
Street Address			m 4
New York	NY		10038
County, City		State	Zip Code
•		Yvonne.	Frost 1 & asticom
Telephone Number		Email Address	(if available)
I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically: $\hfill \Box$ Yes $\hfill \Box$ No			
If you do consent to rece	eive documents el	lectronically, submit t	he completed form with your

complaint. If you do not consent, please do not attach the form.